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ABSTRACT

Designed for child care workers who provide day care to children of disabled mothers, this booklet provides information about the needs of disabled women and gives suggestions for how to accommodate women with various disabilities. The booklet may also be useful for parents with disabilities who have young children and who want to work with child care providers to become more accessible. Following a rationale for the booklet, sections of the booklet discuss: who are mothers with disabilities; barriers preventing disabled mothers from accessing child care services, specifically bias against the disabled, and inaccessible facilities; accessibility needs of women with different disabilities, including physical disabilities, psychiatric disabilities and disabilities arising from chronic health conditions such as AIDS or epilepsy; caregiver responsibilities under the Americans with Disabilities Act; and making the child care program welcoming to mothers with disabilities. Four appendices list resources, disability organizations, references and suggested readings, and a glossary of terms. (JPB)

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ED 420 365

SERVING MOTHERS WITH DISABILITIES IN YOUR CHILD CARE PROGRAM

MEETING THE NEEDS OF WOMEN WITH DISABILITIES: A BLUEPRINT FOR CHANGE

A Project of Berkeley Planning Associates

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A Note to Parents:

We wrote this booklet primarily for child care providers. However, we also think that it will be useful for parents with disabilities who have young children and who want to work with child care providers to become more accessible. We hope that you will bring this booklet to the attention of child care providers. We also hope that you will find it interesting reading as well. We have included a chapter on the Americans with Disabilities Act (as well as organizations specializing in the ADA in the "Resources" section), which you may find particularly useful in learning about your rights in obtaining child care services.

I. Why Did We Write This Booklet?

This booklet is designed for child care workers who provide day care to children of disabled mothers.[1] You might provide day care in your home, or work at a center. Either way, many mothers with disabilities may have different needs in accessing your services and communicating with you, and we'd like to help you learn about those needs. Reading this booklet is the first step to understanding how to serve this part of your potential market. We've also included a "Resources" section at the end of this booklet, for obtaining further information or getting specific questions answered.

[1]The advice in this booklet applies equally to either mothers or fathers. However, disabled mothers, like other mothers, tend to have a disproportionate responsibility for child care and related child rearing tasks. Therefore, we have talked about "mothers" in this document.

Child care is a service that many women with disabilities need, because they are mothers. Like other mothers, they often want and need to work. They may also need child care because they need time to rest and attend to their own disability-related needs. Either way, they want their children to be in safe, high-quality environments, and they want to be able to communicate with you, the provider, and participate in activities like other mothers. However, mothers with disabilities often find that their children's day care settings are inaccessible or that child care workers share misconceptions that prevent the mothers from participating fully.

This booklet is a basic information guide. We provide information about the needs of disabled women, and give suggestions for how to accommodate women with various disabilities. We've also provided basic information about the Americans with Disabilities Act, and a resource list to obtain further information. However, we'd like to emphasize that this booklet is only a first step in helping you serve women with disabilities. We strongly recommend that you supplement the information we provide with in-service training and consultation with knowledgeable women with disabilities in your own community, including the disabled mothers you may already be serving. This will allow you to get specific questions answered, and to receive more in-depth information.

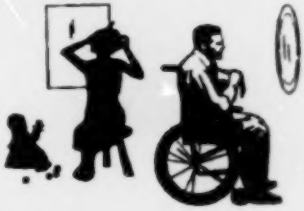
II. Who Are Mothers with Disabilities?

Mothers with disabilities are as diverse as the other mothers who use your child care services. They might have physical, psychiatric, sensory, cognitive, or learning disabilities. Some may be women of color, some may be lesbians. They come from all economic classes. Some women have been disabled since birth, and others acquired their disabilities later in life—some may have even become disabled after they had children. Their children may be their own biological children, stepchildren, or adopted children.

Many disabling conditions are not visible to the casual observer. Cognitive, psychiatric, and learning disabilities are usually not visible, and some physically disabling conditions (e.g., AIDS, epilepsy) may remain unknown unless the mother discloses them to you. Therefore, you may already be serving mothers with disabilities and be unaware of it. Raising your awareness about the needs of mothers with all kinds of disabilities will help you better serve your clients, even to those who might not disclose their disabilities.

There are not very good statistics about the number of women with disabilities who have children who might need child care. However, one estimate is that there are at least 8.1 million families with children in which one or both parents has a disability or work limitation, comprising

about 10.9% of all American families—and families were defined as intact marriages, leaving out the many single mothers and divorced parents with disabilities (LaPlante, 1991). Another study found that 1.25 million married couples with children under six included at least one parent with a work disability, and that in over half a million cases the disability was considered severe. An additional half a million single parents with children under six were estimated to have a work disability (Griss and Hanson, 1990). In a recent survey of women with disabilities that we conducted, about 40% of the women reported that they had children (Berkeley Planning Associates, 1996).



What these diverse women have in common is that they have chosen to be mothers and love their children. They seek the best care possible for them, just like other mothers. They usually put the needs of their children first, even if it means that they must suffer exclusion—for example, a mother who uses a wheelchair may enroll her child in a well-regarded child care program, even if it means that she must wave goodbye at the bottom of the stairs and never get to see the environment in which he spends his time. Mothers with disabilities may put up with well-intentioned remarks that hurt their feelings ("I don't know how you do it! I could never keep track of a child if I couldn't see.") in order to maintain a place for him or her in a convenient and developmentally appropriate child care setting. Mothers with disabilities are mothers first.

III. Barriers Preventing Disabled Mothers from Accessing Child Care Services

There are two kinds of barriers that prevent mothers with disabilities from accessing child care services: architectural, or physical, barriers, and attitudinal barriers, because staff, like many people in society, may have misconceptions and myths about people with disabilities that lead them to avoid interacting with mothers with disabilities. These barriers are important to address to be successful in serving this part of your market.

Prejudice Against Mothers with Disabilities

In general, people tend to be uncomfortable with people unlike themselves. While people with disabilities are more visible than they were 20 years ago, they still tend to be shunned and stereotyped. This is particularly true for women, who face double discrimination based on their gender as well as their disability. Women of color with disabilities experience even more prejudice. People often have misconceptions about the abilities of mothers with disabilities. These misconceptions are barriers for disabled mothers who want to obtain child care, because they can keep you and your staff from fully partnering with her for her child's care. If you remain open to the idea that mothers with disabilities are similar to other mothers, you will better serve the women who need your services.

Mothers with physical and sensory disabilities often face discrimination because non-disabled people cannot imagine how they perform common tasks and assume that they are inferior parents. In fact, mothers and their children adapt quite well, especially when the mother has the support and advice of others who have faced similar issues. Women with disabilities have usually learned their own independent living skills before they become parents, and they extend these skills to mothering. A mother with a physical impairment may need adaptive equipment to help her lift and carry her babies, who quickly learn to climb onto her wheelchair. Mothers who have hearing impairments often have light sensors that blink when their babies cry. A blind mother teaches her children that they must respond verbally to her requests.

Without assistance mothers with some kinds of disabilities ***may*** have trouble parenting. This is particularly true for mothers with cognitive impairments like mental retardation, and mothers with severe psychiatric disabilities such as schizophrenia. Services are often available to assist these mothers with learning parenting skills or offering support. It is important to remember that women with these disabilities want to be good mothers, just like other women. High-quality day care is often an important way to improve the experiences of their children.

There are numerous beliefs that contribute to people's prejudice against mothers with disabilities. It is important for you (and your staff) to examine your own attitudes to see whether you believe some of them. More common beliefs include:

- ***Disabled women are extraordinarily dependent on other people.*** In fact, most disabled people lead independent, productive lives. Physically disabled mothers may need personal assistants to help with some activities (e.g., bathing, dressing), but they independently direct these assistants.

- ***Disability is somehow contagious or inherited.*** This is a remnant of the belief that people with disabilities are sick or unhealthy. People then wonder why a person with a disability would want to have a child. In fact, there are very few disabling conditions that are inherited, and none are contagious. Most mothers with disabilities are no more likely to have disabled children than other mothers.

- ***Being disabled is such a depressing and dreary existence that a disabled mother should not bring a child into that world.*** Few disabled people dwell on their disability. They are involved in working, homemaking, and other activities that non-disabled people enjoy. Disability is just one aspect of the person, who has the same desire to love and raise children as non-disabled people.

- ***Physical mobility or being able to see or hear is essential to child rearing.*** Because disabled women have not been portrayed in the mother role, it is difficult for some people to understand how a child can be reared by someone with mobility restrictions. In fact, with adaptive equipment, many physically disabled mothers can pick up, carry, dress, diaper, and bathe their children. Women with other disabilities may need other adaptive equipment or support people to help them. However, these things are assistive only—the mother remains the mother.

Most people who have not had much contact with people with disabilities harbor some of these misconceptions. Expanding your customer base to serve disabled moms means looking at your own beliefs and asking whether they might be keeping you from being open to including these mothers as possible customers. Learning about mothers with disabilities can have big payoffs, just as learning about mothers from cultures or ethnic groups different from your own.

Lack of Accessibility Prevents Mothers with Disabilities from Getting Child Care

Accessibility is often thought of as physical accessibility for people who use wheelchairs, but the concept is much broader than that. While ramps and lifts are important, women with different kinds of disabilities may need other things to access your program, such as a TDD for a deaf mother to phone in, or reports sent home in large print for the mother with a visual impairment. If you as a child care provider don't serve women with disabilities now, you

might not think about these issues. However, making small changes can make your program more attractive to mothers with disabilities who could potentially use your services. This can increase your customer base.

Very often accommodations do not have to be expensive or complex. Building a wheelchair ramp can be a large undertaking, but a small ramp or wooden wedge to bridge a threshold is often all that is needed. If you need to relocate your program, that's the time to look for a wheelchair-accessible building. Hiring a sign-language interpreter for a holiday program can involve a deaf mother more fully in what her child is learning. Calling a blind mother to inform her of upcoming activities takes only a little time, and is quicker than preparing all notices in braille, the raised booklet alphabet that many blind people read. However, for information that must be referred to repeatedly, such as a student manual, brailling is more convenient for the mother and only costs a small amount. Taking the time to go over written materials with a mother who has a cognitive disability means that she will better understand your rules. Information about how to hire sign-language interpreters or get materials brailled is given in the "Resources" section at the end of this booklet.

IV. Accessibility Needs Differ for Women with Different Disabilities

While there are many ways to categorize disability, we will discuss the following broad categories of disabilities: physical disabilities, hearing disabilities, visual disabilities, developmental disabilities, learning disabilities, psychiatric disabilities, and hidden disabilities (including some types of chronic health conditions). Some mothers may have more than one disability. We will give a general overview of each of these broad categories of disability, as well as some suggestions for accommodations that a woman may require in order to use your services. In the resource guide at the end of this booklet, we list organizations that can provide you with more detailed information about different types of disabilities.

It is important to remember that women with disabilities are diverse and have diverse needs. Even two women with the same disability (e.g., blindness) may differ in what they need. Below, we lay out some general ideas based on various broad disability groupings—however, these are rough guidelines only. When you want to make your services more accessible for a particular woman, you must ask her what she needs.

PHYSICAL DISABILITIES

The most common types of physical disabilities are those commonly referred to as "mobility impairments," where moving, walking, and physical coordination may be affected. There are about 12.4 million people who have mobility impairments in the U.S. (LaPlante, 1988). Some mothers may use electric or manual wheelchairs, others may use canes or other mobility aids, and others may not use any. Examples of conditions that cause physical disabilities include: cerebral palsy, spinal cord injuries, muscular dystrophy, multiple sclerosis, and spina bifida. Physical disabilities can occur in utero, at birth, or as the result of a chronic health condition or accident. To use your services, a mother with a physical disability may require wheelchair access to your building, accessible restrooms and transportation, and personal assistance services to participate in activities.

A speech impairment may accompany a physical disability such as cerebral palsy. Some women may use a communication board, while others may have a high-tech device such as a computerized voice synthesizer. However, most will use their own voice, but have speech patterns that are difficult to understand at first. Respect the mode of communication used by each woman—she knows that you will need to get used to her form of communication. Ask her how you can best communicate with her. If you do not understand what is being said, ask the woman to repeat. Never pretend that you understood what she said when you didn't.

In addition to mobility and speech impairments, physical disabilities also include chronic health conditions that may be associated with fatigue, the need for medication, and weakness in various limbs. Others include disfiguring conditions that do not interfere with physical functioning but cause problems in social relations. Finally, physical disabilities may include the inability to use one or both hands or arms. While physical disabilities may cause a mother to need more assistance with child rearing tasks than able-bodied mothers, they do not affect her desire to participate in activities associated with child care programs (e.g., field trips, parent conferences). With accommodation—which might be as simple as slowing down the pace of a trip so that a mother who uses crutches can keep up—her participation can be just as great as that of non-disabled mothers.

Hearing Disabilities

Hearing disabilities include partial hearing loss and deafness. There are about 16 million people with hearing disabilities in the U.S., and about 2 million of these are deaf. An additional 20 million Americans experience some hearing loss (Ford and Moore, 1992). Some types of hearing loss are hereditary, but ninety percent of deaf children have hearing parents. Deafness and hearing loss can be present at birth, or acquired later through illnesses such as meningitis.

Women with hearing disabilities will have different proficiencies at speaking, depending on the severity of loss and when the disability occurred. Those who were deaf at birth generally have speech that is more difficult to understand than those who became deaf later in life.

Also, the type of communication method the woman uses will differ depending on where and when she was educated: she may use the Oral-Aural method, which uses amplification and residual hearing (through the use of hearing aids) and oral speech; Signed English, which uses a manual method of translating spoken English; or American Sign Language (ASL), which is a visual language not based on English. If a deaf woman was born into a family with deaf parents or other family members, she probably learned ASL as her first language, and English (or another language of her culture) may be her second language.

When you as a child care provider do not know ASL or Signed English, it is important to establish another way to communicate with the hearing impaired or deaf mother. It is commonly believed that many deaf people communicate by lip reading, but in fact lip reading is not very accurate or an effective way of communicating. Even experienced lip readers accurately understand about only 30% of what is being said (Pacific Research and Training Alliance, 1992). For drop-ins or simple exchanges, writing notes back and forth may provide effective communication. However, if the information exchange is complex in nature, involves several people, or will be a long conversation then it will probably require another form of communication. Some mothers may bring interpreters (often family members) to meetings such as parent conferences, or request that you

hire an ASL interpreter for large meetings. It is important to ask the mother what she would prefer about communicating in person.

Many mothers with significant hearing disabilities will use a Telecommunication Device for the Deaf (TDD) to communicate over the phone. TDDs are like small typewriters that translate typed characters into phone signals. In order to use a TDD, both parties must have the device, or a relay service can be used. TDDs cost about $200 and are very easy to learn to use. They do not require a different phone line; the phone is simply placed in a special cradle on top of the TDD. Conversations are then typed back and forth. If you are serving a deaf mother, this is probably the best way to communicate with her. If you have no way of acquiring a TDD, you can use a relay service, which is now available in all states. These services are provided by special operators who take TDD calls from deaf persons and speak the messages to the hearing person, and then type the response over the TDD to the deaf person. This is a somewhat more cumbersome way of communicating than using your own TDD, and is not the best way to communicate personal and confidential information, but it is an acceptable alternative if you only have occasional need.

Visual Disabilities

About 4.3 million non-institutionalized Americans have severe visual disabilities; 12% of them are blind in both eyes (Nelson and Dimitrova, 1990). Some women who are legally blind (defined as having 20/200 vision or less in both eyes, not correctable with glasses) may have some

ability to see shapes, shadows and degrees of light and darkness. Visual impairment and blindness may be caused by glaucoma, detached retina, or traumatic eye injuries. Some women may have been born with a visual impairment, others may have become visually impaired as a result of an injury or illness. Assistive devices used by women with visual disabilities include white canes, guide dogs, and glasses. Some women may also use very strong hand magnifying lenses or closed circuit TV to make print large enough to read. Others may use "talking" calculators and watches, computers, Braille, audio tapes, or Opticons—a device that electronically reads printed material and displays touchable raised letters that can be read.

A woman who is visually impaired and uses public transportation may favor using a child care program in a site near public transportation. Initially, she will need very clearly described directions to get there on her own. She may also require being shown around (oriented to) your building. Ask the mother to tell and show you how she would prefer to be oriented to the environment. Women who use Braille may want you to put a Braille label on her child's cubby or other areas that she will visit often. Written materials may need to be adapted to a mode which works for her—e.g., in large print, tapes, Braille or computer disk. The best approach is not to make assumptions about what she can or cannot see and what kind of help she may need. If she does have requirements for alternative formats (such as braille or large print) that you aren't familiar with, ask for her help in educating you

about these formats and pointing you toward resources you can use to help meet her needs.

DEVELOPMENTAL DISABILITIES

The term "developmental disability" is defined as a disability that occurs in utero, at birth, or before the age of 21 that affects or delays the individual's development. In common usage, however, developmental disability is a term that is generally used to refer specifically to persons with mental retardation or other conditions that impair cognitive functioning to the degree that they affect activities of daily living (Ford and Moore, 1992). Developmental disabilities range from mild to severe.

People with developmental disabilities are particularly stigmatized in our society, which looks down upon individuals with below average intelligence. There are many negative and false stereotypes about people with developmental disabilities, including that they are to be treated like children regardless of their age, and that they cannot hold a job. They are often the target of very cruel treatment.

Mothers with developmental disabilities will typically function at a lower level of understanding than other women their age. They may have trouble with large muscle coordination or fine motor skills and have chronic health conditions. Some mothers with developmental disabilities may live independently, and others live with their families or in group homes. They may have trouble understanding the changing needs of their children as they grow, and therefore usually need assistance in parenting through a specialized service system that

understands their unique needs. Every state has an agency that assists people with developmental disabilities.

Accommodation needs for developmentally disabled mothers will vary. They can include taking more time to explain things, and giving very clear step-by-step instructions on a one-to-one basis. Written materials may need to be adapted to her level of comprehension and/or put on audio tape. As with all disabilities, you should find out what each individual mother needs to be able to participate in your services.

Learning Disabilities

Learning disabilities affect between 5-10% of the population, and may range from mild to severe (Resource Center on Substance Abuse Prevention and Disability, 1992). They can affect receiving and processing information, reading, writing, reasoning, or mathematical skills. Persons with learning disabilities have average or above average intelligence—they are not mentally retarded. There are many different kinds of learning disabilities, each of which can result in the need for you to present information in a different way or to allow a little extra time for the mother to understand information. For example, a woman may have difficulty interpreting facial expressions, gestures, and tone of voice, or she may have trouble understanding directions or written materials. Chances are that some of the mothers you already serve may have learning disabilities, some of which may be undiagnosed, but you may not realize it unless it is revealed by the mother or deduced through repeated misunderstandings of written or verbal information.

A mother with a learning disability may require an alternative form of receiving written information; for example, she may favor materials written in large print or put on audio tape. She may need you to repeat instructions, to give her information in two different ways (e.g., to read it aloud while she looks at the printed notice), or make written communications more accessible by using lots of white space and different colors or type faces to set off different information. When the mother knows that she has a learning disability, she usually knows what she needs in the way of accommodation when asked.

PSYCHIATRIC DISABILITIES

Women with psychiatric disabilities can vary considerably both in terms of the nature and the severity of their disabilities. Women may have problems in emotional functioning either as a transitory reaction to a stressor in their lives, or as a long-term consequence of psychiatric disorders such as bipolar disorder (also known as manic-depressive disorder), depression, or schizophrenia. Women with the latter kinds of disorders may exhibit behaviors that are not considered to be appropriate, or have problems building or maintaining interpersonal relationships. A commonly-held misconception about people with psychiatric disabilities is that they are dangerous and commit more crimes than the general population, which is not true. A woman with an emotional disability may receive mental health counseling, medication, and additional support and assistance from specialized personnel to help her maintain a relationship with her children.

Psychiatric disabilities, like learning disabilities and others described below, are hidden disabilities, and may not be apparent unless there is a problematic interaction or the mother discloses her disability. Women with this kind of disability may be impulsive, or quite shy; they may appear very different at different times. Child care workers who are aware of the possibility that a mother has a psychiatric disability can assist the mother by remaining calm, providing structured interactions, and talking with the mother one-on-one.

Chronic Conditions Leading to Hidden Disabilities

Women with many disabling health conditions do not appear to be disabled the way a woman who uses a wheelchair does. Nonetheless, they have conditions that may affect their functioning, such as epilepsy, diabetes, asthma, chronic fatigue syndrome, multiple chemical sensitivity or environmental illness, HIV, attention deficit disorder (ADD), or heart disease. Women may not tell you about their chronic health conditions or want them disclosed to anyone else. You should respect their right to confidentiality and ask the mother to tell you about accommodations she might need, if any, to enable her to participate in your services. For instance, a mother with multiple chemical sensitivity may ask you to put a notice in an newsletter asking that people not wear scented products to the next parent night. A woman with epilepsy who does not drive might want to help in some other way on a field trip. A mother with ADD may need

reminders about when it is her turn to bring the afternoon snacks.

There are national organizations that can provide more in-depth information about different kinds of disabilities and chronic health conditions; these are listed in the "Resources" section at the end of this booklet. Learning more about different disabilities will help build understanding among you and your staff about the needs of disabled women. Greater tolerance of differences brought about by disabilities is the first step in accommodation and full inclusion of mothers with disabilities in your program.

V. Your Responsibilities Under the Americans with Disabilities Act (ADA)

The Americans with Disabilities Act (ADA) is civil rights legislation that was signed into law July 26, 1990. It is based on the Civil Rights Act of 1964 and the Rehabilitation Act of 1972 (commonly referred to as Section 504). It provides protection to persons with disabilities. This law is different from previous laws governing access for people with disabilities because it applies to private entities as well as governmental organizations. Therefore, it applies to child care services, even those that are privately provided either for-profit or not-for-profit.

The ADA definition of who is a person with a disability is a three-prong definition. The first prong protects those with a physical or mental condition that substantially limits a major life activity (like walking, seeing, hearing, learning, breathing, caring for yourself, etc.). The second prong covers those with a ***record*** of having such a condition (such as persons who have had cancer that has gone into remission or a history of a psychiatric disability). The third prong offers protection to those ***regarded*** as having such a condition, even if it doesn't limit a major life activity (such as persons with facial disfigurements).

The ADA also protects persons based on association with persons with disability. For instance, if a child care center denied entry to a child because someone in her family was HIV-positive, she would be protected under the ADA.

TITLES OF THE ADA

Laws have titles like books have chapters. Title I of the ADA law offers protection against discrimination in employment. Title II outlines the requirements for state and local governments to ensure their services do not discriminate based on disability. Title III sets forth the requirements private businesses must follow to make certain they do not discriminate based on disability in the sale of goods or services to the public. The ADA covers transportation and requires transportation services be accessible and available to persons with disabilities. If the transportation is offered by a government entity the mandate comes under Title II, and if the transportation is offered by a private business, then the obligation is through Title III.

WHAT IS MANDATED BY THE ADA

Being accessible to persons with disabilities means there cannot be eligibility criteria that have the effect of barring or limiting the availability of the program to persons because of disability. It also means there can be no communication barriers—so, for instance, spoken information must be made available to persons with hearing disabilities, or printed information must be made available to persons with visual or cognitive disabilities.

Child Care Services Offered by Governmental Entities

Child care services that are offered to the public are covered activities under the Americans with Disabilities Act. If the services are offered by a local governmental agency, there must be an assurance of ***program access***. That means that the services must be readily accessible to and usable by eligible persons with disabilities when viewed in their entirety. ***When viewed in its entirety*** means taking the whole program into account. Suppose a school district offered child care services in six facilities, and only three of the facilities were accessible. Would the district have to modify the other three facilities to become accessible? Perhaps not. If the facilities were situated so residents didn't have to travel a greater distance to get to an accessible child care site, and if identical programs were offered in each site, the district may not have to make the other facilities accessible—because when viewed in its entirety, the child care program was accessible. If different services were offered in some of the inaccessible facilities, or they were not equally distant, then the district might have to make more or all of the facilities accessible to persons with disabilities.

A government agency may not necessarily need to make architectural changes to make services accessible. Depending on the nature of the service, it could be moved to a location that is accessible when accessibility is needed, or in some cases it could be offered as a home service (as long as it remains equal). Offering child care services for children in

their homes may not be equal to allowing them to participate in an inaccessible group program because the interaction with the other children is an important benefit of participating in the program. In such a case, the program would probably have to be offered in an accessible setting to be equal.

Child Care Services Offered by Private Entities

If child care services are offered by private entities, including private non-profit entities, the agency must make assurances it does not discriminate based on disability. However, because of the Constitutional separation of church and state, the ADA exempts programs and services offered by religious entities. A privately operated, non-religious facility must remove those barriers that prevent services to persons with disabilities that are ***readily achievable*** (easily accomplished and able to be carried out without much difficulty or expense). This "readily achievable" standard is different, depending on the financial resources of the organization. The resources available to a large metropolitan child care program may not be the same as those available to a small, family-operated business.

The ADA also requires private facilities to make reasonable modifications to their policies and procedures to allow the equal participation of persons with disabilities. Examples of such reasonable modifications are allowing service animals or guide dogs, even when there is a policy of no pets. Some eligibility criteria may automatically screen out women with disabilities. For

example, if a child care center requires a certain sort of parent participation (e.g., cleaning and painting the facility) that a woman with a physical disability could not do, that policy would have to be changed so that other kinds of volunteer work (e.g., working on the mailing list in the office) could fulfill the participation requirement.

In most cases, the ADA does not does *not* require a governmental entity or private business to provide its customers, clients, or participants with personal devices, such as wheelchairs; individually prescribed devices, such as prescription eyeglasses or hearing aids; or services of a personal nature including assistance in eating, toileting, or dressing. However, if a program is already providing such assistance to some individuals in a portion of its program, it will most likely be legally obligated to provide the same services to participants in another portion of its program. If there is no legal obligation of the program to provide services of a personal nature and the woman wants to bring her own assistant to activities, programs need to make certain that policies do not prohibit attendants to attend.

For women who need physical assistance, not of a personal nature as described above, but to otherwise participate in activities (e.g., sign language interpretation services to help someone participate in a parent conference), programs do have an obligation to provide these types of auxiliary aids and services, even if doing so would be disproportionate to the cost of the event. They still have an obligation to seek out resources or other avenues of assistance, such as finding volunteers.

VI. How to Make Your Program Welcoming to Mothers With Disabilities

Here are some suggestions to make your program inviting to disabled mothers. Working with local consultants is one of the best ways to make sure that you meet the needs of women in your area. You can refer to the "Resources" section at the end of the booklet for organizations that will put you in touch with women in your locality.

- ***Challenge your own attitudes and assumptions about disabled mothers.*** This will be the most important effort you make to make your service accessible to women with disabilities. Reading this booklet is the first step. You can also read some of the books listed in the "Suggested Readings" section at the end of this booklet. Locate women with disabilities who can work with you and your staff to explore attitudes and fears about serving mothers with disabilities, respond to your questions, and problem-solve solutions to difficult inclusion situations you may encounter. Remember, your willingness is the first and most important step you will take when attempting to serve mothers with disabilities.

- ***Include women with disabilities on your Board of Directors or Advisory Committees,*** to assist your program on an ongoing basis with accessibility issues.

- ***Get accurate information on physical and program access.*** It is important that child care providers get correct information about accessibility. Accurate information can save you a lot of money and effort. Most accommodations we've already discussed will have little or no costs attached.

- ***Become familiar with disability laws and learn about disability resources in your community.*** We have included information about the ADA and how child care programs are covered by this federal law. You can get further information by calling the numbers in the "Resources" section. Also, local agencies can help you find creative solutions to your dilemmas and serve as resources for mothers in your program who may not be well informed.

Appendix A

RESOURCES

ACCESSIBILITY INFORMATION AND RESOURCES

- ***Disability and Business Technical Assistance Centers***

To assist businesses, governmental entities and persons with disabilities understand how the ADA applies to specific situations, the National Institute for Disability Rehabilitation and Research (NIDRR) funds ten regional technical assistance programs. These are called Disability and Business Technical Assistance Centers (DBTACs). For additional information on the Americans with Disabilities Act, call (800) 949-4232. This number will reach the DBTAC in your region.

- ***Disability Rights Education and Defense Fund, Inc. (DREDF)***

  2112 6th Street
  Berkeley, CA 94710
  (510) 644-2555 (voice)
  (510) 644-2626 (TDD)

DREDF is a national law and policy center dedicated to furthering the civil rights of people with disabilities. Offers training, information and legal advocacy to parents of children with disabilities to help them secure appropriate educational and other services. Offers information and referrals by phone.

- ***Americans With Disabilities Information Hot Line (DREDF)***
  (800) 466-4232 (voice)
  (800) 644-2555 (TDD)

DREDF operates an ADA information hot line funded by the Department of Justice. It provides information to persons with disabilities, businesses, state and local government and general public programs to help them understand their rights and responsibilities under Titles II and III of the ADA.

- ***Child Care Law Center***
  22 Second Street
  San Francisco, CA 94105
  (415) 495-5498

While the Child Care Law Center does not provide direct representation in disputes between parents and providers regarding ADA compliance, the Center can provide general information and technical assistance in understanding the law's requirements to both groups. Individuals may either call the number above during their service hours (Tuesdays and Thursdays, 9:00 a.m. - noon, Pacific time), or write to them. They also have a publications catalogue that includes materials about the ADA, contracts and liability, and zoning for child care centers.

INFORMATION ABOUT PURCHASING TDDS (TELECOMMUNICATION DEVICES FOR THE DEAF)

- ***Ultratec***
  450 Science Dr.
  Madison, WI 53711
  (608) 238-5400

- ***Krown Research***
  (310) 444-1953

Information About Braille Transcription

- ***The National Braille Press, Inc.***
  88 St. Stephen Street
  Boston, MA 02115
  (617) 266-6160
  (800) 548-7323
  Fax: (617) 437-0456

The National Braille Press is a non-profit braille printing and publishing house. They also sell low cost braille books, print/braille children books and magazines. Free estimates for braille transcription orders and print or braille catalogues are available upon request. They also publish a list of individual braille transcription services from around the country.

- ***Equal Access***
  5634 Delcliff Circle
  Sacramento, CA 95822
  (916) 392-8455

Finding Sign Language Interpreters

- ***The Registry of Interpreters for the Deaf***
  8630 Fenton Street Suite 324
  Silver Spring, MD 20910
  (301) 608-0050 (voice)
  (301) 608-0508 (fax)

This organization provides listings of agencies that provide sign language interpreting throughout the United States. They also provide certification examinations for people who would like to become sign language interpreters.

TRAINING RESOURCES

- ***Consultants/Public and Professional Training***

Unfortunately, national organizations of disabled women consultants do not presently exist. However, the National Council on Independent Living (NCIL) and many of the national organizations below may be a referral source for these consultants. Most provide educational information and public and professional training regarding various disabilities issues.

- ***National Council on Independent Living (NCIL)***
  2111 Wilson Blvd. Suite 405
  Arlington, VA 22201
  Voice (703) 525-3406 TDD (703) 525-3407

NCIL is the national membership association of local Independent Living Centers. NCIL is the only cross-disability grassroots national organization run by and for people with disabilities. Contact NCIL to find out the location of the nearest Independent Living Center. Other organizations that have directories of Independent Living Centers include:

> The **World Institute on Disability (WID)** in Oakland, CA (510) 763-4100 (voice), (510) 208-9493 (TTY), (510) 763-4109 (fax)
> and the **Independent Living Research Utilization (ILRU)** Institute in Houston, TX
> (713) 520-0232 (voice/TTY), (713) 520-5784 (fax)

Because Independent Living Centers are primarily run by persons with disabilities, it is most probable that they will be able to either accommodate requests for disabled women trainers or refer staff to independent consultants. Independent Living programs are an excellent resource for locating members for boards of directors, advisory groups, parent groups, disabled job applicants, assistance with outreach and for general information and referrals about other disability related organizations and programs throughout the country.

Appendix B

DISABILITY ORGANIZATIONS

Below is a partial list of disability specific and general organizations which have local chapters or affiliates:

- ***American Diabetes Associates***
  1660 Duke Street
  Alexandria, VA 22314
  (800) 232-3472 in Washington, DC area
  (703) 549-1500

National Membership organization with local affiliates. Publications for both professionals and consumers. Many local affiliates offer professional training programs.

- ***American Amputee Foundation***
  P.O. Box 250218
  Little Rock, AR 72225
  (501) 666-2523

National information clearinghouse and referral center. Provides technical assistance in starting self-help groups and sponsors self-help groups around the country.

- ***Arthritis Foundation***
  1314 Spring Street, NW
  Atlanta, GA 30309
  (800) 283-7800

Supports research and provides public and professional information. Has chapters and divisions across the U.S. Provides public and professional education; sponsors classes and clubs. Has chapters across the U.S.

- ***Asthma and Allergy Foundation of America***
  1125 15th St NW Suite 502
  Washington DC 20005
  (800) 727-8462 / (202) 466-7643

Provides referrals to local support groups and organizations.

- ***Attention Deficit Information Network***
  475 Hillside Avenue
  Needham, MA 02194
  (617) 455-9895

A nonprofit volunteer organization which provides information and support to parents of children with ADD and to professionals. Refers callers to local support groups for parents of children with ADD and adults with ADD.

- ***Epilepsy Foundation of America***
  4351 Garden City Drive, Suite 406
  Landover, MD 20785
  (800) 332-1000 / TTY (800) 332-2070

Provides information, education and other services to individuals with epilepsy, family members and professionals. Has local affiliates.

- ***Gaullaudet University, National Information Center on Deafness***
  800 Florida Avenue, NE
  Washington, DC 20002
  Voice (202) 651-5051 / TTY (202) 651-5052

National clearinghouse on deafness and hearing loss. Provides educational materials and information and referral to local deaf and hearing impaired organizations.

- ***Learning Disabilities Association of America***
  4156 Library Road
  Pittsburgh, PA 15234
  (412) 341-1515

National headquarters with local chapters across the country. Provides information about learning disabilities, advocacy and education.

- ***Little People of America***
  PO Box 9897
  Washington, DC 20016
  1-800-24DWARF

National membership organization of persons of short stature and their families with local affiliates. Provides support, information and education about conditions which result in dwarfism.

- ***National Alliance for the Mentally Ill***
  200 North Glebe Road, Suite 1015
  Arlington, VA 22203-3754
  1-800-950-NAMI

Self help organization for individuals with mental illness and their families and friends. Provides referrals to local associations, information and referral services, educational materials and referrals to support groups.

- ***National Association of the Deaf***
  814 Thayer Avenue
  Silver Springs, MD 20910-4500
  (301) 587-1788 (voice)
  (301) 587-1789 (TDD)
  (301) 587-1792 (fax)

A general resource on deafness and hearing loss. The mission of NAD is to assure that a comprehensive, coordinated system of services is accessible to Americans who are deaf and hard of hearing, enabling them to achieve their maximum potential through increased independence, productivity, and integration.

- ***National Empowerment Center***
  20 Ballard Road
  Lawrence, MA 01843
  1-800-POWER 2 U

Consumer run national organization which provides referrals to support groups across the country, publishes a newsletter and provides literature about emotional disabilities

- ***National Federation for the Blind***
  1800 Johnson Street
  Baltimore, MD 21230
  (410) 659-9314

Has local subsidiaries across the country. Provides information on visual impairments to the public and to professionals. Has a focus on programs for visually impaired youth.

- ***National Head Injury Foundation***
  1776 Massachusetts Avenue, NW, Suite 100
  Washington, DC 20036
  (202) 296-6443

A membership organization that provides information and support for individuals with head injury, their families and professionals. Has local affiliates.

- ***Sickle Cell Disease Association of America***
  200 Corporate Pointe, #495
  Culver City, CA 90230
  (310) 216-6363

Membership organization which provides educational materials as well as referrals to local chapters across the U.S.

- ***United Cerebral Palsy Association***
  1660 L Street N.W. Suite 700
  Washington, D.C. 20036
  (202) 776-0406

Has local subsidiaries across the country. Provides educational information about cerebral palsy and referrals to local organizations.

Appendix C

REFERENCES AND SUGGESTED READINGS

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VIDEO

"Mothers with Disabilities: An Introduction to the Issues" This is a 16-minute video about mothers with physical disabilities; six mothers are interviewed about their experiences. It is distributed by the Health Resource Center for Women with Disabilities at the Rehabilitation Institute of Chicago (312-908-7997).

NEWSLETTER

"Parenting with a Disability"

This newsletter, which offers tips on parenting issues and adaptive equipment, is published by Through the Looking Glass, a community non-profit agency that offers clinical and support services to families in which one or more members has a disability, and runs the Research and Training Center on Families of Adults with Disabilities in conjunction with BPA and the World Institute on Disability. To get on the mailing list for the newsletter, which is published three times a year, contact TLG at:

2198 Sixth Street, Suite 100, Berkeley, CA 94710
(800) 344-2666 (voice/TDD) or
(510) 848-1112. Fax: (510) 848-4445

Appendix D

GLOSSARY OF TERMS

ACCOMMODATION/MODIFICATION: Any procedure that enables a person with a disability to function within a particular environment or to perform certain activities. The act of ramping a building is an example of an accommodation or modification. Another example is the act of giving a woman with an emotional disability additional support.

AUXILIARY AIDS AND SERVICES: Devices or aids to ensure that effective communication is provided. Examples of auxiliary aids or services are:

- **For Individuals Who are Deaf or Hard of Hearing**: Qualified interpreters, notetakers, computer-aided transcription services, telephone handset amplifiers, assistive listening systems, closed caption decoders, telecommunications devices for deaf persons (TDDs), and exchange of written notes.
- **For Individuals with Vision Impairments**: Qualified readers, taped texts, audio recordings, brailled materials, large print materials, and assistance in locating items.
- **For Individuals with Speech Impairments**: TDDs, computers, speech synthesizers, and communication boards.

DISABILITY: Disability is a very broad term for individuals with physical, visual, hearing, intellectual and emotional impairments and chronic health conditions. Refer to "Your Responsibilities Under the Americans with Disabilities Act" section of this booklet for a legal definition of disability.

INDEPENDENT LIVING CENTERS: Independent Living Centers are non-profit, community-based organizations providing independent living and advocacy services for people with disabilities. Centers are governed and staffed primarily by people with a variety of disabilities. They generally provide an array of services to the disability community in their area including but not limited to: advocacy; information and referral, personal assistance services referral, peer counseling and independent living skills counseling. Many also provide public and professional training on various aspects of disability.

PERSONAL ASSISTANCE SERVICE (PAS): The provision of service to a person with a disability for functions she cannot do at all or easily without assistance. Examples of personal assistance services include services of a personal nature, such as assistance with bathing or dressing, or services of a less personal nature, such as driving or shopping. Services may be provided by family members or by paid individuals both within and outside the family.

PROGRAM ACCESS: A public entity's services, programs, or activities, when viewed in their entirety, must be readily accessible to and usable by individuals with disabilities. This standard, known as "program accessibility," applies to all existing facilities of a public entity. Public entities, however, are not necessarily required to make each of their existing facilities accessible.

READILY ACHIEVABLE: Removal of architectural, communication or transportation barriers that are easily accomplishable and able to be carried out without much difficulty or expense. Refer to "Your Responsibilities Under the Americans with Disabilities Act" section of this booklet for additional details.

About the Project

"Meeting the Needs of Women with Disabilities: A Blueprint for Change" was designed to promote increased access for women and girls with disabilities to services that meet their needs. We focused on access to nine different mainstream (non-disability) service systems that provide services to women and girls and have barriers to effectively serving women and girls with disabilities: Adoption, AFDC Benefits and Services, Aging Services, Child Care, Child Protective Services, Reproductive Health Services, Substance Abuse Services, Violence and Abuse Services and Youth Programs. Since this was a knowledge dissemination project, we conducted extensive reviews of the literature, consulted with knowledgeable women with disabilities in our areas of study, and interviewed program staff and administrators about barriers to access and levels of disability awareness.

As part of our grant activities, we have developed materials designed to promote accessibility and inclusion about these service systems for women with disabilities, mainstream program operators, and policy makers. We also conducted a national survey of women with disabilities to identify which of these service systems are the greatest priorities for further research and dissemination efforts.

The other titles available from this project include:

- *Including Girls with Disabilities in Youth Programs*
- *Including Older Women with Disabilities in Senior Programs*
- *You May Be Able to Adopt! A Sourcebook for Women with Disabilities and Their Partners*
- *Multiplying Choices: Improving Access to Sexual and Reproductive Services for Women with Disabilities*

- *Fostering Recovery for Women with Disabilities: Addressing Barriers to Alcohol and Other Drug Services*
- *When a Mother Has a Disability: Dealing with Disability in the AFDC and CPS Systems*
- *Caretaker Abuse and Domestic Violence in the Lives of Women with Disabilities*
- *Open Minds, Open Doors: Technical Assistance Manual to Assist Domestic Violence Service Providers Become Physically and Attitudinally Accessible to Women with Disabilities [produced by the National Coalition Against Domestic Violence]*
- *Priorities for Future Research: Results of Berkeley Planning Associates' Delphi Survey of Disabled Women*
- *Information about Women with Disabilities in the United States*
- *Meeting the Needs of Women with Disabilities: A Blueprint for Change Bibliography*

To receive an order form giving more information about the titles and their prices (bulk discounts available, and all are available in alternative formats), you can call, fax, or e-mail a request to:

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